

MARSHFIELD HOUSING OPPORTUNITY PURCHASE PROGRAM APPLICATION

THIS BOX IS FOR OFFICE USE ONLY

DATE OF RECEIPT	_____
TIME OF RECEIPT	_____
CONTROL NUMBER	_____
BEDROOM SIZE	_____
RACE/ETHNICITY	_____
PREFERENCE CATEGORY	_____
OTHER	_____

APPLICANT NAME: _____
Current Address: _____
City, State, Zip Code: _____
Home Phone: _____ Alternate Phone(s): _____
Email(s): _____

CO-APPLICANT NAME: _____
Current Address: _____
City, State, Zip Code: _____
Home Phone: _____ Alternate Phone(s): _____
Email(s): _____

HOUSEHOLD COMPOSITION

(List the Head of Household and all other members who will be living in the unit. Give the relationship of each family member to the head.)

Member's Full Name	Relationship	Birth Date	Age	Sex	Social Security No.
	Head				

UNIT SIZE REQUEST

☐ 1-Bedroom ☐ 2-Bedroom ☐ 3-Bedroom ☐ 4-Bedroom ☐ 5-Bedroom

Please note that your Unit Size Request must comply with Program Guidelines and is subject to adjustment by the lottery agent.

FIRST TIME HOMEBUYER STATUS

Have you had an ownership interest in a residential property within the past 3 years? ☐ Yes ☐ No

If you checked **Yes** above, please answer the next six questions, if you checked No, skip to the Local Preference section

ARE YOU A DISPLACED HOMEMAKER, (AN ADULT WHO HAS NOT WORKED FULL-TIME, FULL-YEAR IN THE LABOR FORCE FOR A NUMBER OF YEARS BUT HAS, DURING SUCH YEARS, WORKED PRIMARILY WITHOUT REMUNERATION TO CARE FOR THE HOME AND FAMILY, WHILE A HOMEMAKER, OWNED A HOME WITH HIS OR HER PARTNER OR RESIDED IN A HOME OWNED BY THE PARTNER? ☐ Yes ☐ No

ARE YOU A SINGLE PARENT, WHERE THE INDIVIDUAL OWNED A HOME WITH HIS OR HER PARTNER OR RESIDED IN A HOME OWNED BY THE PARTNER AND IS A SINGLE PARENT (IS UNMARRIED OR LEGALLY SEPARATED FROM A SPOUSE AND EITHER HAS 1 OR MORE CHILDREN OF WHOM THE INDIVIDUAL HAS CUSTODY OR JOINT CUSTODY, OR IS PREGNANT? ☐ Yes ☐ No

ARE YOU A HOUSEHOLD WHERE AT LEAST ONE HOUSEHOLD MEMBER IS 55 OR OVER? ☐ Yes ☐ No

ARE YOU A HOUSEHOLD THAT OWNS A PRINCIPAL RESIDENCE NOT PERMANENTLY AFFIXED TO A PERMANENT FOUNDATION IN ACCORDANCE WITH APPLICABLE REGULATIONS? ☐ Yes ☐ No

ARE YOU A HOUSEHOLD THAT OWNED A PROPERTY THAT WAS NOT IN COMPLIANCE WITH STATE, LOCAL OR MODEL BUILDING CODES AND WHICH CANNOT BE BROUGHT INTO COMPLIANCE FOR LESS THAN THE COST OF CONSTRUCTING A PERMANENT STRUCTURE? ☐ Yes ☐ No

Have you or a principal member of your household been involved in either a bankruptcy or foreclosure within the past seven years? ☐ Yes ☐ No

LOCAL PREFERENCE

Do one or more members of the household currently have their principal residence in Marshfield?

☐ Yes If yes, who? _____ ☐ No

Are any members of the household employees of the Town of Marshfield or employees of businesses located in Marshfield?

☐ Yes If yes, who? _____ ☐ No

Are any members of the household students in a Marshfield school?

☐ Yes If yes, who? _____ ☐ No

If you checked Yes to any of the above, please attach the following documentation:

1. **TO DOCUMENT RESIDENCY - TWO MOST RECENT CONSECUTIVE BILLS FROM ONE UTILITY -ELECTRIC, GAS, CABLE, INTERNET, WATER OR TELEPHONE LAND LINE- NOTING NAME & MARSHFIELD ADDRESS; IF THERE ARE NO UTILITY BILLS, THEN PROVIDE A MASS DRIVERS LICENSE PLUS A COPY OF A SIGNED LEASE W/ CANCELLED CHECKS TO THE OWNER OF THE PROPERTY**

2. **TO DOCUMENT LOCAL EMPLOYMENT – A PAY STATEMENT FROM THE TOWN OF MARSHFIELD OR FROM A MARSHFIELD EMPLOYER OR A STATEMENT FROM A MARSHFIELD EMPLOYER THAT YOU HAVE BEEN HIRED FOR EMPLOYMENT IN MARSHFIELD**
3. **TO DOCUMENT A CHILD IN MARSHFIELD SCHOOLS – LETTER FROM THE SCHOOL AND BIRTH OR ADOPTION CERTIFICATES**

RACE *Optional*

(This information is being collected to ensure that the program is in compliance with fair housing and equal opportunity rules.)

(Check all that apply so that the race of each household member is identified)

- ☐ Asian
 ☐ Black or African American
 ☐ Hispanic or Latino
 ☐ Native Hawaiian or Pacific Islander
 ☐ Native American or Alaskan Native
 ☐ other (not White)
 ☐ White

INCOME INFORMATION

What is the total annual income of all household members?

(Include wages, salaries and tips; other income such as net income from a business, interest, dividends, rent from a commercial building, periodic payments from Social Security, AFDC, annuities, retirement funds, pensions, disability or death benefits, unemployment benefits, worker's compensation, alimony, child support; and or other benefits)

Use additional sheets, if needed.

Member's Full Name	Source of Income	Amount	Payment Basis (weekly, monthly, etc)

EMPLOYMENT STATUS: (include all working household members. Attach separate sheet, if necessary.)

APPLICANT

Name: _____
 Employer Name: _____
 Employer Address: _____
 City/State/Zip: _____
 Name of Supervisor or Human Resources Contact Person: _____
 Phone number of Supervisor or HR Contact Person (including area code): _____

CO-APPLICANT

Name: _____

Employer Name: _____

Employer Address: _____

City/State/Zip: _____

Name of Supervisor or Human Resources Contact Person: _____

Phone number of Supervisor or HR Contact Person (including area code): _____

OTHER HOUSEHOLD MEMBER

Name: _____

Employer Name: _____

Employer Address: _____

City/State/Zip: _____

Name of Supervisor or Human Resources Contact Person: _____

Phone number of Supervisor or HR Contact Person (including area code): _____

ASSET INFORMATION

List the type and source of any family assets. Provide both the current cash value and the estimated annual income from the asset. Use additional sheets, if needed.

Member's Full Name	Type and Source of Asset (e.g. bank accounts, investments)	Cash Value of Asset	Annual Income from Asset

APPLICATION CERTIFICATIONS:

___ I/we declare under penalties of perjury that the foregoing representations are true, correct, accurate, complete and correct in all respects. I/we understand that perjury will result in disqualification from further consideration.

___ I/we authorize the Lottery Agent to independently verify the information provided here.

___ I/we authorize our lender to disclose and discuss all of my/our financial information with the Lottery Agent.

___ I/we understand that this application is being collected to determine if I/we are eligible to participate in the Marshfield Mortgage Reduction Program lottery. It does not guarantee that I/we will receive a Mortgage Reduction Grant.

___ I/we understand that if I/we are selected in the lottery that all information in this application will be verified and a final determination of my/our eligibility will be made at that time.

___ I/we understand that if selected in the lottery, I/we are responsible to obtain a mortgage and locate a house or condominium that meets program standards.

___ I/We agree that if selected as the lottery winner, I/we will have 120 days from the date of the lottery to find and close on a home. I/We understand that if I/we are unable to find and close on a home in that time, the grant will be offered to the next eligible applicant on the waiting list. The Marshfield Housing Partnership, in its sole discretion, may grant extensions in extraordinary circumstances.

___ I/We have read and understand we will be subject to the provisions of all aspects of the LIP Deed Rider which includes, but is not limited to, requirements that preapproval must be obtained from both the Town of Marshfield and DHCD before any refinancing, renting, or capital improvements may occur and that future resales will be at an affordable price to another income-eligible household.

BY SIGNING BELOW, ALL APPLICANTS AGREE TO ALL PARAGRAPHS ABOVE. NO CHANGES OR DELETIONS OF PARAGRAPHS OR PORTIONS OF ANY PARAGRAPH WILL BE ACCEPTED. BOTH APPLICANT AND CO-APPLICANT MUST SIGN BELOW. THE UNDERSIGNED WARRANTS AND PRESENTS THAT ALL STATEMENTS HEREIN ARE TRUE AND ACCURATE.

Head of Household Signature: _____	Date: _____
Co-applicant Signature: _____	Date: _____

